MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY the funeral director. Page retained for your files. is necessary, ö MARYLAND Department GUY OR TOWN (if outside corporete limits E. LENGTH OF STAY IN 16 OWN (If outside eorporate limits, write RURAL end give nearest town) write RURAL and give nearest teren) s Mo Omo d. NAME OF HOSPITAL OR INSTITUTION III of in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE 3 to the funeral ON A FARM? ould be executed within 24 hours after death. If any dering pencil in Item 26: Give Pages 1, 2, and 3 to the tuners Office along with Serie PM3. Page 5 may be retained burial-transit pengit. His pages 1 and 2 with the State pursuoual, and its eny event within 72 hours after. NO Y YES T 3. NAME OF Middle Month Day Year DECEASED OF (Type or print) DEATH 19 6. COLO 7. MARRIED NEVER MARRIED 8. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS birthday) Months Days Hours DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most for working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ICAL EXAMINER: This certificate should be executed within 24 please execute the certificate, writing the word "pending" in pencil in Item AS. 50.

4 should be forwarded to the Chief Medical Examiner's Office along with fere

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit pennil: If Item 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, Ro, or unkown) | (Ifyesgivewerordetesofservice) 18. CRUSE OF DEATH |Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) DUE TO Conditions, If eny, which (b) cremation gove rise to immediate couse DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 19. WAS AUTOPSY burial PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) or its designated agent, Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection Inquiev and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY EXAMINER'S TO PU. Health NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, LOCATION (City, lown, or county DNERAL DIRECTOR YR A15ME

Was restort Aicamake 10th H. Contoke City STE LIVE ST. Sto Laurel St (Inude Nele Negro AZU TE Layes Layed Charlenge Cours Like Blog Cours France 11-26-66 Trolley Charl Son. Ferons & Eli was a series and the Chief Vollage

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after demth. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16394 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16393

1,	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE DESCRIPTION DESCRIPTION DE COUNTY							
	MARYLAND MARYLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If	outside corporate limits, write RURAI	and give nearest town)					
	Rural Berlin 40 years	Rural	Berlin	25.1					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	R.F.D. 3, Berlin	R.F.D	3, Berlin	YES NO					
3.	NAME OF FIRST Middle ,	Last	4. DATE Month	Day Year					
-	(Type or print) Charles Victor Di	nges	19. AGE (In years IF UNDER	T 19 C					
5"	7. WARRIED NEVER WARRIED		last birthday) Months I						
	Male White WIDOWED DIVORCED	52315							
108	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		CITIZEN OF WHAT OUNTRY?					
	Canning Factory	Maryla	end L	J.S.A.					
13.	FATHER'S NAME	14. MOTHER'S MAID	EN NAME						
	Victor R. Dinges	Anne Heig	ghhan						
15	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	INFORMANT (DEO	phon-in-lagaryss						
1	No 212-18-6460 Wa	llace S. (Oropper, Jr. Bish	nonville, Md1					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			I INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	mbosis		ONSET AND DEATH					
	14-31-1								
	Conditions, If any, which \								
	gave rise to immediate	_							
	cause (a), stating the DUE TO underlying cause last.								
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
12	TAKE THE STREET TO STREET			PERFORMED!					
10/	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	IDD EN /Enter nature of	Injury In Part I or Part II of Item 1						
MEDICAL CERTIFICATION	PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	JAN ED. (Eliter Hetalo of	injusy in take to train it of from 2	,					
Lo		ICE OF INJURY (Home, fa	erm. 20f. (City or town) (Co	ounty) (State)					
DIC/	factor for the state of the sta	ory, street, office bldg., a							
Hour a.m. p.m. 19 at work at work									
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion								
	death resulted from: Natural causes 🖺, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌								
	ACTUAL OPEN A SERVICE STREET AND A STREET AN								
	SIGNATURE MD. ASSISTANT MEDICAL EXAMINER								
	EXAMINER'S		AL EXAMINER I Acting	11-7-66					
	NAME (Type) Olifford E. Schott M.D.		t, city, town, or county)						
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, town or co						
	BENDVAL (Specify) II-5-66 Evergree	n	C'D BY REGISTRAR 1 25b. RECIGIRAL	I.C.					
24	(3333 m A 753		ance live	The factor					
	Anna A. Burbage Berlin Md.	DATE	10V 1 U 1300 F	0					
1-	The state of the s								

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	1	4	tei	18 18 21 Film 382 11 MARYLAND STATE DEPARTMENT OF HEALTH	277. 4 4 4 7
FOR	STATE	1		16395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	PUA
HEALTH	DEPT		1.	Ttom 7 Film (782) 11/16/66 at	idence before admission)
	1	12×		PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY MARYLAND MARYLAND	ORCESTA
eral be	ath.		-	b. CITY OR TOWN (If outside corporate limits. C. I FNCTH OF STAY IN 1h C. CLPY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
fune	artm de			write RURAL and give nearest town) 6 MONTHS OCEON City	23.1
the 5	Department after death.			d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3 to	State hours	00		9N. Philadelphia Ave 19 N. MILA AVE	YES NO
2, and PM3.	the 72			NAME DF DECEASED (Type or print) Charles Alvin Fletcher 4. DATE Month OF THE DEATH NOU 7	Day Year
h. If	Within A		5.	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
The Column		1	100	WIDDWED OVORCED 03/25//8 48 yrs. Months LUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN DF WHAT
Wil	eve eve		dur	ng most of wgrking life, even if retired) INDUSTRY	N'EY DONA
rs afte 18. Gi along	any		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	- DINDENTI
1004	2.5			DONALD FLETCHER OPAL CLIPPENGER	
24 houn Item Office	File and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	1-1 20 1
	permit. removal,		,,,,	397-09-5088 Ocean City olive Ocean	Caly pres
uted within " in pencil Examiner's	rem			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
Exa	l-transit tion, or			IMMEDIATE CAUSE (a)	
execuding	ation			Conditions, if any, which \ Coronary occlusion acute	Instant
d be execut "pending" Medical E	burial-tran			gave rise to immediate	
should word Chief	2 0			underlying cause last. (c) ASCVD with coronary scierosis	3 years
cate sl the w	used as to buria		TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
certifica riting th ded to t	e IIS	2	FICA	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)	YES NO
INER: This cert ificate, writing be forwarded	auld be t, prior		CERTIFICATION	PRIMARY O CONTRIBUTING CAUSE OF DEATH.	
NER: Th ficate, se forw	3 shool agent, p		MEDICAL	factory street office hide atc.)	(State)
	ed		ME	p.m. 19 at work	and in my opinion
EXAM cert	R: Page ignated			21. Testiny that I took charge of the female described above, not a market	and in my opinion
등 하 하	your file IRECTOR its desi			death resulted from: Natural causes [32], Accident [1], Suicide [1], Homicide [1], Undetermined manner	_
ute ge 4	T you			ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
2- 0	를 복음	2		EXAMINER'S FJ. TOCIALSENCE TREE OGGO SENSITION OF COUNTY OWN, OWN, OF COUNTY OWN, OWN, OF COUNTY OWN, OWN, OF COUNTY OWN, OWN, OWN, OWN, OWN, OWN, OWN, OWN,	08,1966
DEPU ease rector	retained for FUNEKAL of Health	0	238	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or cour	nty) (State)
D Paig	TOT		1	Zural 111066 SUNSET MEMBERL BERLIN	1/10
		0	24	FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAN 250. REGISTRAN 250.	4 0
	A15ME	do		Amura A. Decebage Berlin MA DATE NOV 14 1966 Jahran	res judge

NO W

NO K

(State)

REC'D BY REGISTRAR I

VR A15ME 3500 4-64

FUNERAL DIRECTOR

24.

accor

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

1

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6397	Item 1d Film C CERTIFIC	ATE OF DEATH	mh 1	6396
N. P. C. 211		II a section prespective out	A CAN A SECTION OF THE PARTY OF	

1. PLACE OF DEATH a_(OUNTY Worcester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Maryland Worcester (CITY OR TOWN (15 putride grapeste limits, write PUBAL and give perget town)				
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Snow Hill	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Snow Hill				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
427 Covington St.		427 Co	veington St.	YES NO R		
3. NAME OF First DECEASED (Type or print) GOODGE	Middle C	Holland	4. DATE Month OF DEATH November	Day Year 20 1966		
S. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE (In years IF UNDER	I YEAR IF UNDER 24 HRS.		
Male Negro WIDOW	VED DIVORCED	3/4/03	tast birthday) Manths 63 yrs.	Days Hours Min.		
during most of working life, even if retired) Minister	b. KIND OF BUSINESS OR INDUSTRY Holiness Chur			ITIZEN OF WHAT DUNTRY? USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
Mose Holland		Unkno	own			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service)		INFORMANT	Address			
No	The state of the s	ery Elizat	oeth Holland, Sr			
18. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY:		hrombosis		ONSET AND DEATH		
332 XIMMEDIATE CAUSE (o)	Cerentar I	HITOMOUSIS		7 days		
Canditians, if any, which gave) (b)	Essential	hvoertensi	on	8 years		
rise to immediate cause (a), DUE TO						
lost. (c)				1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
CATIO	Arterioscler	osis		YES NO		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTFLY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m.	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Part II of item 18.)			
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 at		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		ounty) (State)		
21. I certify that (I) (the has to a saw the deceased olive on	Tanged Dix detended item_	6/23/58, 1 t death accurred at,	9, to	, that (I) (We) last		
22g. SIGNATURE	, and mo	i deam accorred at		DATE SIGNED		
Thong U. E	tuely ft M.	D. PHYS.	MED. DIRECTOR PHYS. 11	/21/66		
22c. PHYSICIAN'S NAME (Type) Ivory U. S	Sully, Jr., MD	P. O. B	ox 126, Berlin,	Md.		
23o. BURIAL (REMATION, REMOVAL (Specify) BURIAL 11/27/66	23c. NAME OF CEMETERY OR-		23d. LOCATION (City or Town) Worcester Co.	(County) (State)		
24. FUNERAL DIRECTOR	Mt. Hope B		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE_		
2 9 16		MAN	25 1966 Charles	1 Junge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bytycican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then piece remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

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		MARYLAND S	STATE DEP	ARTM	ENT OF I	HEALTH		
4	CDIVISION OF STATISTICAL	RESEARCH AN	D RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND

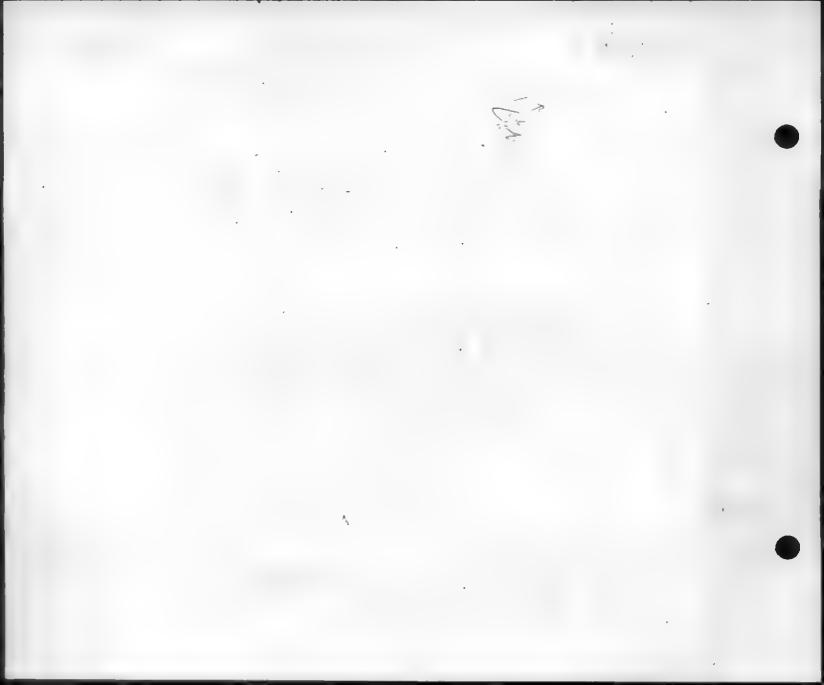
10000		CERTIFICAT	E OF DEATH	4	1	6397 -		
1. PLACE OF DEAT	Н		2. USUAL RESIDEN	CE (Where deceases	d lived, If institution:	Residence before an	dmission	
a. COUNTY	Worcester	MARUS SHIP	0. STATE	ryland	b. COUNTY	orceste	73	
	/N (if outside corporate lim and give nearest town)	its. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II					
Pocomoke		Life				,	4	
		not in hospital, give street address)	d. STREET ADDRESS	comoke	City	e. IS RES	SIDENC	
708 Ceda		met in indepting Sied an out addictory		0 0 1		ON A F	FARM?	
			70				No X	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Oay Yes		
(Type or print) 5. SEX	CHARLES		ABERTSON	DEATH	Nov.			
		ARRIED 🔀 NEVER MARRIEO 🔲 📗	8. DATE OF BIRTH	_ las	E (in years IFUNDE t birthday) Months	R 1 YEAR IF UNDER		
Male	, , , , , , ,			94 72	yrs.	1.		
during most of work	FION (Give kind of work done ing life, even If retired)	10b. KIND OF BUSINESS OR INOUSTRY	WOTCESTE	ounty & State, or f	oreign country) 12.	CITIZEN OF WHAT COUNTRY?	ſ	
Mechanic	3	Automotive	Maryland		7 7	U.S.A.		
13. FATHER'S NAM	_		14. MOTHER'S MAIC					
Harrison	n Lambertson	1	Florence	Ardis				
	EVER IN U.S. ARMED FORCES I (If yes give war or dates of service		INFORMANT		Address CO	moke Gi	ty.	
yes	WW 1		Jennie L	amberts			~ J 9	
18. CAUSE OF	DEATH [Enter only one caus	se per line for (a), (b), and (c).]		02 02	, originally	I INTERVAL BE	TWEEN	
PART I. DI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT HEART FAULRE						ONSET AND DEATH	
11:21	/	RIGHT HEART	PAYORE					
Cenditions, if	Conditions, If any, which) (b) BRONGHIOGENIC (ABCINOMA)							
gave rise to	immediate (JICONO WIO GENI	c VARCE	NOM.		18 mas		
cause (a), si underlying caus	tating the							
		ONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISFASE CONDITI	ON GIVEN IN PART 1/2	1 119. WAS AU	TOPSY	
I K	_					PERFOR	MED?	
20a. ACCIDENT	WAS UNDERLYING []	20b. DESCRIBE HOW INJURY DCCU	IDDED /Enter nature of	f injury in Part I	or Part II of item 1		NO 2-	
OR CONTRIBUTION (IF EITHER, NO	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	ESS. DESCRIBE HOW HOOK! BOOK	WVPD' (Pitter hathie A	i injury in roll i	OF FAIL II OF ITEM I	0.)		
	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City	or town) (Co	ounty) (S	State)	
Hour a.r		While Not While at work	ry, street, office bldg., e	:16./				
	21. I certify that (I) (this hospital), attended the deceased from APRI , 1966, to Meyern by 1966, that (I) (we) las							
	saw the deceased alive on							
22a. SIGNATUI		/ und that	- Cultin occoming ace			DATE SIGNED	20010	
	Wheelle hi	1. Seron M.O		MED. OIRECTOR	STAFF /2	1:116		
22c, PHYSICIA NAME (T)		7	22d. AOORESS			1100		
NAME (I)	N= V1/1	E A. BARCH	Poc	conck	E.MD.			
23a. BURIAL, CREM		OF 23c. NAME OF CEMETERY			ION (City, town or c	ounty) (St	tate)	
Buria		66 First Ba	ptist	Pocomo	ke City.	Maryla	and	
14. ONERAL OIRE		ADORESS			R 25b. REGISTRA	R'S SIGNATURE		
Fall &	H. My Yson	Pocomoke Cit	y Md DATE	DEC	1866	· 820 1 44	dge	
Robert	H. Watson		A TOP WATE	Life.	- 4		- T	
MODEL	TIP Manpoll							

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

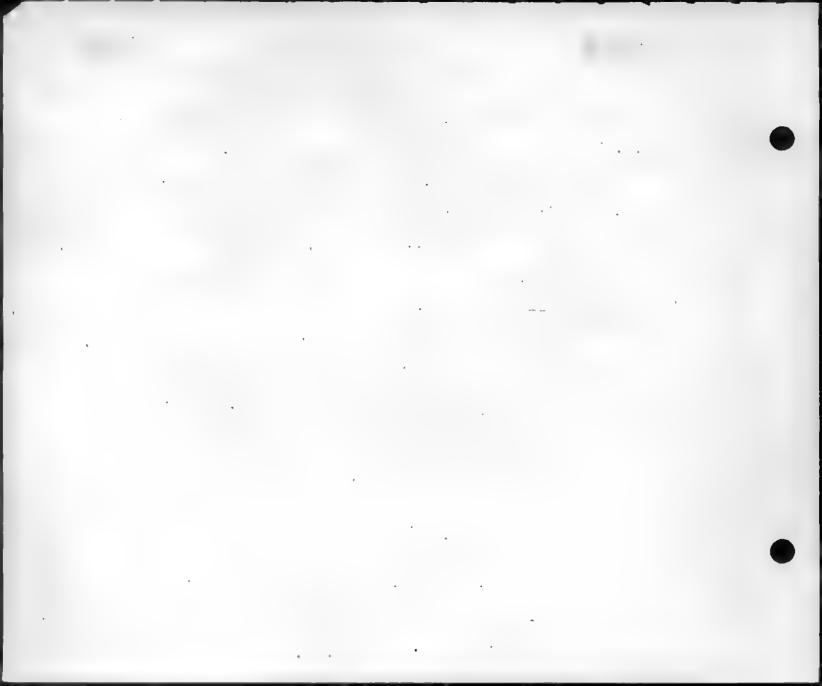
, , , , , , , , , , , , , , , , , , ,			16399		CERTI	FICATE OF	DEATH		16398	S
funeral 1 and 2 1er death			PLACE OF DEATH D. COUNTY	Norcest	CY MAI		TATE When	e deceased lived, if institut b. COUI	NTY \ /	tore admission)
are be executed within 24 hears wher rician and campletely filled in by the fur lease remove carban papers. Pages I and in any event, within 72 haurs after		K	UVAL -	lf outside carparate mits, spire nearest tawn) AL OR INSTITUTION (If not in I	City LENGTH OF STAY	6	OR TOWN (If outside	comporate limits, write RUI	oke	e is respence
illed ir papers			RFL	()	noke Ci-	ty K	(F.D.#2	Box 23	31 '21	YES NO
a with			NAME OF DECEASED (Type or print)	Lua	Middle	Sm	VI+B_	OF DEATH	V. 21	6 1966
comp move only eve		5	emale		MARRIED NEVER MARRI IDOWED DIVORC	410	of BIRTH 20188.	9 AGE (In years but birthdoy) yrs	Months Doy	
re be lian and ase rel		10a duri	uSUAL OCCUPATION	(Give kind of wark dane life, even if retired)	10b KIND OF BUSINESS OR HABUSTRY		RTHPLACE (County & Sto	ate, ar foreign cauntry)	12 CITIZEN COUNTR	
physician ar nen please re		13	FATHER'S NAME	aar Pu	roell		OTHER'S MAIDEN NAM	irtha	7	
		15 (Ye		R IN U.S. ARMED FORCES? (If yes give war ar dates af serv	16. SOCIAL SECURITY NO.	17. INFORMA	Smith	RFD2 Addin	Scom	ocke Md
ion. by the att transit per cremation,				EATH (Enter anly ane cause pe IH WAS CAUSED BY:	r line far (o), (b), and (c).) UREMIA			<u> </u>		INTERVAL BETWEEN ONSET AND DEATH
physician. physician. signed by burial-trar burial, cre			Canditians, it any	DUE TO	CARDIO-K	ENAL	VASC	NISFACE	6	- 8 Mas.
			rise to immediat stating the unde last.	a conse (o)' Dire to				;		·
attend attend has be se as t	7.00	HOL	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT R		INAL DISEASE CONDITI	ON GIVEN IN PART I(a)	Î	19 WAS AUTOPSY PERFORMED? YES \ NO \
spital or attending spital or attending ertificate has been ed for use as the of Health prior to		CERTIFICATION		S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY		ture of injury in Port	I or Port II of item 18.)		
by the host titer this ce be detache State Dept.		MEDICAL	20c. TIME OF INJU- Hour a.i	1.0	20d. INJURY OCCURRED While Nat While at wark of work	20e. PLACE OF INI factory, stree	IURY (Hame, farm, t, office bldg., etc.)	20f. (City ar town)	(County)	(State)
			21. I certi) attended the deceased	fram % / 1 and that death	accurred at 5	5, ta /// 2,	and an the d	that (I) (we) las late stated abave
e retained RECTOR: / 3 shauld d with the			22a. SIGNATURE	Maril.	1. Baren		ENDING MED		22b. DATE SI	
may be RAL DIR	1		22c PHYSICIAN'S NAME (Type		LIE A. B	A RON 22	d. ADDRESS Po	comok	E, MI	٥.
Page 4 may be To FUNERAL DIR director, page 3	,	230	REMOVAL (Specify		66 LANGON	METERY OR CREMATO	Zem.	COMOKE	wn) (Cour	nty) (State)
VR A15 (4) 20 M 1/66	R	3	FUMERAL DIRECTO	() Su	ADDRESS Now	Church	250 REC'D BY	REGISTRAR 2Sb. RE	Clicyley	Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND 6400 CERTIFICATE OF DEATH and 2 death death. funeral PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) rocely filled in by the further that the papers. Pages 1 , within 72 hours after c b. COUNTY Worcester Marvland Worcester **MARYLAND** b. City DR TDWN (if outside corporate limits, write RURAL and give nearest town)

1 ral - Pocomoke City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Rural-Pocomoke Rural-Pocomoke City vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. R.F.D. 1 YES X NO. within etely carbon NAME DE First Middle DATE Last 4. Month Day Year DECEASED and comple event, (Type or print) MAGGTE 1966 ${f E}{f L}{f L}{f L}{f A}$ TAYLOR DEATH November 9 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Months | Days | Hours | Min. | 7. MARRIED NEVER MARRIED any 1878 Female WIDOWED T DIVORCED Dec. 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician and please r Accomack County & State, or foreign country) 12. CITIZEN OF WHAT lease and in COUNTRY? Housewife Virginia U.S. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетома attending permit. Then Frank Russel Margaret Thorns 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the atten Address R.F.D: ō (Yes, no, or unkown) (If yes give war or dates of service) cremation. Pocomoke 18. CAUSE DF DEATH [Enter only one cause per line for (a), been signed by the the burial-transit in or to burial, cremati INTERVAL BETWEEN (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULL OF RELATED for use Health WAS AUTDPSY r this certificate to PERFORMED? ND T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) --Dept. CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After MEDI Not While at work at work p.m. retained ъ should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred a secounty, from the causes and on the date stated above. saw the deceased alive on 3 showith 22a. SIGNATURE 22b. DATE SIGNED þe page ATTENDING PHYS. DIRECTOR NOV. // TO HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. director, p should be 1 ADDRESS NAME (Type) Charles Trader, M.D., 302 Market St., Pocomoke City, Md. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Pocomoke Baptist _19 City. Maryland ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Pocomoke VR AI5 (4) 2DM 1/65 atson

MARYLAND STATE DEPARTMENT OF HEALTH



2	1	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD 16401 CERTIFICAT	. EBIOLOMOCTO . 1
within 24 hours aft	in by the funeral ours after death.	T. PLACE OF DEATH a. COUNTY WOULD MARYLAND b. CITY OR TOWN (if ourside corporate limits, write RURAL and give neares) sown) Ducho Swill Hural d. NAME OF HOSPI AL OR INSTITUTION (if not in hospital, give stress address)	a. STATE AND C. c. CITY OR TOWN III outsi
e executed	d completel bon papers within 72 h	3. NAME OF DECEASED (Type or print) Cugusta Will 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	Ciams 4. I

1Db. KIND OF BUSINESS OR INDU

16. SOCIAL SECURITY NO.

20b. DESCRIBE HOW INJURY OCCU

20d. INJURY OCCURRED | 20e.

Not While

at work

attended the deceased tro

23c. NAME OF CEMETERY OR CREMATORY

USUAL OCCUPATION (Give kind of work

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which

gave tise to immediate cause

(a), stating the underlying

20c. TIME OF INJURY

Hour e.m.

saw the deceased

22c. PHYSICIAN NAME (T

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

p.m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21. | certify that (1) (this Bospital)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

(Yes, no, or unkown) (Ifyesgive werordetesofservice)

18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

DUE TO

DUE TO

Month, Dey, Yeer

(b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

While

at work

done during most of working life pven if retired) useur

13. FATHER'S NAME

CERTIFICATION

MEDICAL

TE OF DEATH	164U()
2. USURL RESIDENCE (Where deceased lived, if	institution: Residence before admission)
a. STATE . b. COUN	Worcester
c. CITY OR TOWN (If outside corporate limits, write	
Bishopville	- hural 23/
d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
Last 4. DATE Month	Day Year
liams DEATH MOU	1. 17 1966
8. DATE OF BIRTH 9. AGE (In years last birthday) 71 yrs.	Months Deys Hours Min.
RY 11. BIRTHPLACE (County & State, or forbign country)	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN HAME Wale	ra
INFORMANT Address	1 0 0 / 00
Mary Pastley 13	shopvelle
muscasele	INTERVAL BETWEEN ONSET AND DEATH
ic Myors	relete
tensian	
OT RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
D. (Enter neture of injury in Pert I or Pert II of item 18.)	
ACE OF INJURY (Home, ferm, 20f. (City or town) clory, street, office bldg., etc.)	(County) (State)
19 10	19 Chat (I) (we) last
at death occured at M. from the causes	and on the date stated above.
M.D. ATTENDING MED. STAFF	SIGNED
Berlin Md	

23d. LOCATION (City, town or county)

256. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

(State)

VR A15 (4)

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Chemical Commander of Classes 2.01den The stand allowed with all auguste (Bulliame Mer 17 66 minute collin or many 1,1895 of - dimension alle Malera Merry Kiley 212-72-3701 Me Marten Buspelle THE THEORY SHOWER COM Showed IN Witness of Water I lightly the water a water

FOR STATE HEALTH DEPT.

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funeral EXAMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 603 for your files. Page 4 please execute O DEPUTY MED retained director. 0

MEDICAL EXAMINER'S 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 000 d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET AODRESS State hours NO L NAME OF First Middle DATE Month Day Year Lest DECEASED the (Type or print) 5€ DEATH 19 2 with within 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED OIVORCED I event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT or foreign country) during most of working life, even if retired) COUNTRYZ **► INDUSTRY** 1001 13. FATHER'S NAME MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or unkown) (If yes give war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. used as to burial, FRMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? FICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE ALCO HOL YES 🔀 NO E 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18. 20b. CERT MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Kovin CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER DATE SIGNED 22. ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL NAME (Type) LDCATION (City, town or county) BURIAL, CREMATION. DATE THEREOF 23d. (State) DEMOVAL (Specify) to. Baptist uria 66 Snow REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR AISME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

